

APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING

5

BUILDING AND SAFETY DIVISION LOT 3 TR 31371

TEMPORARY FILE COPY

FOR APPLICANT TO FILL IN

(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE
	ABSORPTION UNIT, BTU _____	
	AIR HANDLING UNIT, CFM _____	
	BOILER, BTU _____	
	COMPRESSOR, BTU <u>36000</u>	<u>1000</u>
	VENTILATION SYSTEM _____	
	EVAPORATIVE COOLER _____	
	FURNACE: FAU _____ GRAVITY _____ FLOOR _____ BTU _____	
	HEATER: SUSPENDED _____ UNIT _____ WALL _____	
Plan check fee 25% of above.		<u>7</u>
PERMIT ISSUING FEE \$		<u>600</u>
TOTAL FEE		<u>1600</u>

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY

TEL. NO.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE
OF PERMITTEE*[Signature]*

BUILDING ADDRESS	<u>1510 GREENCASTLE AVE.</u>		
LOCALITY	<u>ROWLAND HEIGHTS</u>		
NEAREST CROSS ST.			
OWNER	<u>BABCHAY HOLLANDER</u>		
MAIL ADDRESS	<u>6151 W. CENTURY BLVD.</u>		
CITY	<u>L.A.</u>	TEL. NO.	
CONTRACTOR	<u>SANTINGO AIR COND.</u>		
ADDRESS	<u>500 W. ROWLAND</u>		
CITY	<u>SANTA ANA</u>	TEL. NO.	<u>557-3622</u>
STATE LICENSE NO.	<u>269496</u>	LIC. CLASS	<u>C-20</u>

DISTRICT NO.

GROUP

ZONE

PROCESSED BY

21-3*[Signature]*

INSPECTION RECORD

APPROVALS	DATE	INSPECTOR'S SIGNATURE
ROUGH		
FINAL		

PERMIT VALIDATION

CK.

M.O.

CASH

39224 3141

17204

[Signature]